

Medical

Benefit Charts

2024 Individual and Family Plans

Plans on the Marketplace

Bronze, Silver, and Gold plans
Certified by the Health Insurance Marketplace

Open enrollment period runs November 1, 2023 - January 15, 2024 



Helping you feel covered, protected, and confident

Whether you've had health coverage before or are new to this process, we're here to support you every step of the way — from helping you decide which individual plan makes sense for your unique needs to connecting you to the right doctor, resources, and financial help.

We're committed to simplifying and caring for every aspect of your health, including medical, dental, vision, pharmacy, and behavioral health needs.

The following pages contain plan benefit charts along with terms you need to know when selecting a health plan. This information will help you understand commonly used insurance words and assist you in selecting the right coverage for your health and budget.

▶ **Let us connect you to the right individual coverage.**

Product overview

Understanding provider networks

When choosing a plan, you will have access to a specific network. Certain networks may be larger than others or offer different options for local providers. It's important to understand these differences and keep your healthcare needs in mind when choosing a plan.

Health maintenance organization (HMO):

With our HMO plans, you don't have to choose a primary care doctor to manage your care needs or need a referral from your primary care doctor to see other network doctors. Having a primary care doctor is still a good idea for checkups and any ongoing health issues. HMOs do not offer non-network benefits, except for emergency and urgent care or when a service is preapproved. If you see a doctor not in the plan for any other reason, you will have to pay 100% out of pocket except where state or federal surprise billing law applies.

Point of service (POS):

With our POS plan, you have the freedom to see any network doctor you choose without a referral. It is also a good idea to have a primary care doctor to coordinate your care, even though you do not have to pick one. Like a preferred provider organization (PPO), you can see any doctor and pay a higher deductible, copay or coinsurance but will save more when you see a doctor in the plan.

You can access HMO and POS plans under the Pathway Essentials network through Find Care on our website, [anthem.com](https://www.anthem.com), or through the Sydney Health app.

Pathway Essentials network HMO plans are available in Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Decatur, Dekalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, LaPorte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Rush, Scott, Shelby, Spencer, Steuben, St. Joseph, Starke, Sullivan, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, and Whitley counties.

Pathway Essentials network POS plans are only available in LaPorte, Lake and Porter counties.

View our county network coverage map [here](#).

Plan benefit charts — HMO

The Individual deductible, Individual out-of-pocket limit, and coinsurance reflect Network / Non-network cost-share information, if applicable for the plan. All other cost-share information is for network services only.

Pathway Essentials network HMO plans are available in Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Decatur, Dekalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, LaPorte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Rush, Scott, Shelby, Spencer, Steuben, St. Joseph, Starke, Sullivan, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, and Whitley counties.

Pathway Essentials network POS plans are only available in LaPorte, Lake and Porter counties.

Plan type	Bronze plans		
	HMO		
Plan name	Anthem Bronze Pathway Essentials 9450 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9C7W)	Anthem Bronze Pathway Essentials 7500 Standard (9Q1A)	Anthem Bronze Pathway Essentials 6500 HSA (9Q12)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes non-network coverage?	No	No	No
Individual deductible	\$9,450	\$7,500	\$6,500
Individual out-of-pocket limit	\$9,450	\$9,400	\$7,500
Coinsurance (may vary for certain covered services)	0%	50%	10%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	\$50 copay	Deductible, then 10% coinsurance
Primary and urgent care visits: virtual care-only providers ⁴	Covered in full	Covered in full	Deductible, then covered in full
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	\$100 copay	Deductible, then 10% coinsurance
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then covered in full	Deductible, then 50% coinsurance	Deductible, then 10% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then covered in full	Deductible, then 50% coinsurance	Deductible, then 10% coinsurance
Urgent care (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	\$75 copay	Deductible, then 10% coinsurance
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then covered in full	Deductible, then 50% coinsurance	Deductible, then 10% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then covered in full	Deductible, then 50% coinsurance	Deductible, then 10% coinsurance
Hospital: outpatient surgery/hospital facility (includes maternity, mental health/substance use)	Deductible, then covered in full	Deductible, then 50% coinsurance	Deductible, then 10% coinsurance
Pharmacy deductible ^{2,3} (tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Tier 1: No deductible Tiers 2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	0% coinsurance / 0% coinsurance	\$25 copay	10% coinsurance / 25% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	0% coinsurance / 0% coinsurance	\$50 copay	10% coinsurance / 25% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	0% coinsurance / 0% coinsurance	\$100 copay	10% coinsurance / 25% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	0% coinsurance / 0% coinsurance	\$500 copay	10% coinsurance / 25% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then covered in full	\$50 copay	Deductible, then 10% coinsurance
Speech therapy (limits apply)	Deductible, then covered in full	\$50 copay	Deductible, then 10% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then covered in full	\$50 copay	Deductible, then 10% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 16.

Plan benefit charts — HMO

The Individual deductible, Individual out-of-pocket limit, and coinsurance reflect Network / Non-network cost-share information, if applicable for the plan. All other cost-share information is for network services only.

Pathway Essentials network HMO plans are available in Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Decatur, Dekalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, LaPorte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Rush, Scott, Shelby, Spencer, Steuben, St. Joseph, Starke, Sullivan, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, and Whitley counties.

Pathway Essentials network POS plans are only available in LaPorte, Lake and Porter counties.

Plan type	Bronze plans		Silver plans
	HMO		
Plan name	Anthem Bronze Pathway Essentials 5500 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9Q17)	Anthem Bronze Pathway Essentials 4500 (3 \$0 PCP Visits + \$0 Virtual PCP + \$0 Select Drugs) (9Q0W)	Anthem Silver Pathway Essentials 7200 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9C95)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes non-network coverage?	No	No	No
Individual deductible	\$5,500	\$4,500	\$7,200
Individual out-of-pocket limit	\$9,450	\$9,450	\$8,700
Coinsurance (may vary for certain covered services)	40%	50%	40%
Preventive care¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	Deductible, then 40% coinsurance	\$0 copay per visit for first 3 visits, then deductible and 50% coinsurance	\$30 copay
Primary and urgent care visits: virtual care-only providers⁴	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then 40% coinsurance	\$60 copay per visit for first 3 visits, then deductible and 50% coinsurance	\$75 copay
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then \$500 copay and 40% coinsurance	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Urgent care (other office services may be subject to deductible and plan coinsurance)	Deductible, then \$75 copay and 40% coinsurance	\$95 copay	\$75 copay
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then \$500 copay and 40% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$500 copay and 40% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then \$1,000 copay per admission and 40% coinsurance	Deductible, then \$1,500 copay per admission and 50% coinsurance	Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health/substance use)	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Pharmacy deductible^{2,3} (tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	30% coinsurance / 45% coinsurance	40% coinsurance / 55% coinsurance	\$10 copay / \$25 copay
Retail pharmacy tier 2: Level 1 / Level 2	30% coinsurance / 45% coinsurance	40% coinsurance / 55% coinsurance	\$65 copay / \$80 copay
Retail pharmacy tier 3: Level 1 / Level 2	35% coinsurance / 50% coinsurance	45% coinsurance / 60% coinsurance	45% coinsurance / 60% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 55% coinsurance	50% coinsurance / 65% coinsurance	50% coinsurance / 65% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Speech therapy (limits apply)	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 16.

Plan benefit charts — HMO

The Individual deductible, Individual out-of-pocket limit, and coinsurance reflect Network / Non-network cost-share information, if applicable for the plan. All other cost-share information is for network services only.

Pathway Essentials network HMO plans are available in Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Decatur, Dekalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, LaPorte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Rush, Scott, Shelby, Spencer, Steuben, St. Joseph, Starke, Sullivan, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, and Whitley counties.

Pathway Essentials network POS plans are only available in LaPorte, Lake and Porter counties.

Plan type	Silver plans		
	HMO		
Plan name	AnthemSilverPathwayEssentials5900 Standard (9C7T)	AnthemSilverPathwayEssentials5000 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9C89)	AnthemSilverPathwayEssentials4000 HSA (9Q1K)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes non-network coverage?	No	No	No
Individual deductible	\$5,900	\$5,000	\$4,000
Individual out-of-pocket limit	\$9,100	\$7,500	\$5,600
Coinsurance (may vary for certain covered services)	40%	25%	15%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$40 copay	\$25 copay	Deductible, then 15% coinsurance
Primary and urgent care visits: virtual care-only providers ⁴	Covered in full	Covered in full	Deductible, then covered in full
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	\$80 copay	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then 40% coinsurance	Deductible, then \$500 copay and 40% coinsurance	Deductible, then \$300 copay and 50% coinsurance
Urgent care (other office services may be subject to deductible and plan coinsurance)	\$60 copay	\$75 copay	Deductible, then 15% coinsurance
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then 40% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$300 copay and 15% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 40% coinsurance	Deductible, then \$500 copay and 40% coinsurance	Deductible, then \$500 copay and 50% coinsurance
Hospital: outpatient surgery/hospital facility (includes maternity, mental health/substance use)	Deductible, then 40% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
Pharmacy deductible ^{2,3} (tiers with deductible, cost share applies after deductible)	Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$20 copay	\$15 copay / \$30 copay	\$10 copay / \$25 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay	\$75 copay / \$90 copay	\$40 copay / \$55 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$350 copay	40% coinsurance / 55% coinsurance	40% coinsurance / 55% coinsurance
Physical and occupational therapy (limits apply)	\$40 copay	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
Speech therapy (limits apply)	\$40 copay	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
Office visit: chiropractic (limits apply)	\$40 copay	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 16.

Plan benefit charts — HMO

The Individual deductible, Individual out-of-pocket limit, and coinsurance reflect Network / Non-network cost-share information, if applicable for the plan. All other cost-share information is for network services only.

Pathway Essentials network HMO plans are available in Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Decatur, Dekalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, LaPorte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Rush, Scott, Shelby, Spencer, Steuben, St. Joseph, Starke, Sullivan, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, and Whitley counties.

Pathway Essentials network POS plans are only available in LaPorte, Lake and Porter counties.

Plan type	Silver plans	Gold plans	
	HMO		
Plan name	AnthemSilverPathwayEssentials3000 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9Q1P)	Anthem Gold Pathway Essentials 2700 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9C8F)	Anthem Gold Pathway Essentials 1500 Standard (9Q1Z)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes non-network coverage?	No	No	No
Individual deductible	\$3,000	\$2,700	\$1,500
Individual out-of-pocket limit	\$9,450	\$4,700	\$8,700
Coinsurance (may vary for certain covered services)	30%	20%	25%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$30 copay	\$25 copay	\$30 copay
Primary and urgent care visits: virtual care-only providers ⁴	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	\$60 copay
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$500 copay and 40% coinsurance	Deductible, then 25% coinsurance
Urgent care (other office services may be subject to deductible and plan coinsurance)	Deductible, then \$50 copay and 30% coinsurance	Deductible, then \$75 copay and 20% coinsurance	\$45 copay
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$1,000 copay per admission and 40% coinsurance	Deductible, then 25% coinsurance
Hospital:outpatientsurgeryhospitalfacility (includes maternity , mental health/ substance use)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible ^{2,3} (tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	\$20 copay / \$30 copay	\$20 copay / \$35 copay	\$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$50 copay / \$65 copay	\$40 copay / \$55 copay	\$30 copay
Retail pharmacy tier 3: Level 1 / Level 2	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance	\$60 copay
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 55% coinsurance	40% coinsurance / 55% coinsurance	\$250 copay
Physical and occupational therapy (limits apply)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	\$30 copay
Speech therapy (limits apply)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	\$30 copay
Office visit: chiropractic (limits apply)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	\$30 copay

Please see Medical and Silver cost-share reduction plans footnotes on page 16.

Plan benefit charts — POS

The Individual deductible, Individual out-of-pocket limit, and coinsurance reflect Network / Non-network cost-share information, if applicable for the plan. All other cost-share information is for network services only.

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Pathway Essentials network POS plans are only available in LaPorte, Lake and Porter counties.

Plan type	Bronze plans	
	POS	
Plan name	Anthem Bronze Pathway Essentials POS 7500 Standard (9C9Q)	Anthem Bronze Pathway Essentials POS 5000 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9C9P)
Network name	Pathway Essentials	Pathway Essentials
Plan includes non-network coverage?	Yes	Yes
Individual deductible	\$7,500 / \$15,000 Network / Non-network	\$5,000 / \$15,000 Network / Non-network
Individual out-of-pocket limit	\$9,400 / \$18,800 Network / Non-network	\$9,450 / \$28,350 Network / Non-network
Coinsurance (may vary for certain covered services)	50% / 60% Network / Non-network	40% / 60% Network / Non-network
Preventive care¹	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay per visit for first 3 visits, then deductible and 40% coinsurance
Primary and urgent care visits: virtual care-only providers⁴	Covered in full	Covered in full
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	\$100 copay	Deductible, then 40% coinsurance
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance
Urgent care (other office services may be subject to deductible and plan coinsurance)	\$75 copay	\$90 copay
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then 50% coinsurance	Deductible, then \$500 copay and 40% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Hospital: outpatient surgery/hospital facility (includes maternity, mental health/substance use)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Pharmacy deductible^{2,3} (tiers with deductible, cost share applies after deductible)	Tier 1: No deductible Tiers 2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$25 copay	40% coinsurance / 55% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	\$50 copay	40% coinsurance / 55% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	\$100 copay	40% coinsurance / 55% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$500 copay	40% coinsurance / 55% coinsurance
Physical and occupational therapy (limits apply)	\$50 copay	Deductible, then 40% coinsurance
Speech therapy (limits apply)	\$50 copay	Deductible, then 40% coinsurance
Office visit: chiropractic (limits apply)	\$50 copay	Deductible, then 40% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 16.

Dental benefits included within these medical plans

Pediatric dental benefits are included with all of our medical plans for individuals until the end of the month in which they turn 19. Plans that include embedded adult dental benefits would be subject to benefits listed below in the adults age 19+ column. Coverage includes preventive care, fillings and some other major services like medically necessary orthodontia.

- Shared deductible for medical and dental services
- Shared out-of-pocket limit for medical and dental services

Cost shares show what the member pays	Medical plans	
	Members age 18 and younger	Adults age 19+
	Network	Network
Dental network	Dental Prime	Dental Prime
Deductible	Dental services subject to the medical deductible	
Annual maximum (per person)	None	Not covered
Annual out-of-pocket limit	Combined with medical	
Diagnostic and preventive	No waiting period	
Cleaning, exams, x-rays	0% coinsurance	Not covered
Basic services	No waiting period	
Fillings	40% coinsurance	Not covered
Complex and major services	No waiting period	
Endodontic	50% coinsurance	Not covered
Periodontic	50% coinsurance	Not covered
Oral surgery	50% coinsurance	Not covered
Major restorative	50% coinsurance	Not covered
Medically necessary orthodontia ²	50% coinsurance	Not covered
Cosmetic orthodontia	Not covered	Not covered

¹ For medical plans where the deductible equals the out-of-pocket limit, any services subject to the deductible have coinsurance of 0% after deductible.

² Orthodontia is usually considered dentally necessary when a child's teeth are misaligned (crooked or not spaced correctly) to the point where they don't work properly. This could cause the child to have trouble speaking or eating. Some examples would be (1) if a child can't bite into an apple because they can't close their front teeth together or (2) if a child bites into the gum tissue of the palate (roof of the mouth) when trying to bite down.

Vision benefits included within these medical plans

The following vision care services are covered for members until the end of the month in which they turn 19. Plans that include embedded adult vision benefits would be subject to benefits listed below in the adults age 19+ column. Coverage may include eye exams, eyeglass lenses, frames, and contact lenses. The benefit period is the calendar year (January 1 through December 31).

- If you purchase a Catastrophic plan, you must meet your medical deductible before pediatric vision benefits are paid.
- Non-network providers may bill you for any charges that exceed the plan's maximum allowed amount.
- The non-network pediatric vision benefits displayed only apply if the medical plan provides non-network coverage.

Cost shares show what the member pays	IN - P1			
	Members age 18 and younger		Adults 19+	
	Benefit Frequency	Cost share Network	Benefit Frequency	Cost share Network
Eye exam	Once every benefit period	\$0 copay		Not covered
Lenses ¹				
Single, bifocal, and trifocal	Once every benefit period	\$0 copay		Not covered
Standard progressive	Once every benefit period	\$0 copay		Not covered
Frames ¹	Once every benefit period	Anthem formulary		Not covered
Contact lenses				
Non-elective ²	N/A	Anthem formulary		Not covered
Elective/disposable ²	N/A	Anthem formulary		Not covered
Low vision services				
Low vision optical/ non-optical or supplemental aids	Once every benefit period	\$0 copay (benefits are only available when received from Blue View Vision providers)		Not covered (benefits are only available when received from Blue View Vision providers)

1 A collection of frames and lenses that can be purchased for a \$0 copay (may differ by provider).

2 Benefits for contact lenses are in lieu of the eyeglass lens benefit. If you receive contact lenses, no benefit will be available for eyeglass lenses until the next benefit period

Vision benefits included within these medical plans

The following vision care services are covered for members until the end of the month in which they turn 19. Plans that include embedded adult vision benefits would be subject to benefits listed below in the adults age 19+ column. Coverage may include eye exams, eyeglass lenses, frames, and contact lenses. The benefit period is the calendar year (January 1 through December 31).

- If you purchase a Catastrophic plan, you must meet your medical deductible before pediatric vision benefits are paid.
- Non-network providers may bill you for any charges that exceed the plan's maximum allowed amount.
- The non-network pediatric vision benefits displayed only apply if the medical plan provides non-network coverage.

Cost shares show what the member pays	IN - P2			
	Members age 18 and younger		Adults 19+	
	Benefit Frequency	Cost share Network	Benefit Frequency	Cost share Network
Eye exam	Once every benefit period	\$0 copay		Not covered
Lenses ¹				
Single, bifocal, and trifocal	Once every benefit period	\$0 copay		Not covered
Standard progressive	Once every benefit period	\$0 copay		Not covered
Frames ¹	Once every benefit period	Anthem formulary		Not covered
Contact lenses				
Non-elective ²	N/A	\$0 copay		Not covered
Elective/disposable ²	N/A	Anthem formulary		Not covered
Low vision services				
Low vision optical/ non-optical or supplemental aids	Once every benefit period	\$0 copay (benefits are only available when received from Blue View Vision providers)		Not covered (benefits are only available when received from Blue View Vision providers)

1 A collection of frames and lenses that can be purchased for a \$0 copay (may differ by provider).

2 Benefits for contact lenses are in lieu of the eyeglass lens benefit. If you receive contact lenses, no benefit will be available for eyeglass lenses until the next benefit period

SILVER COST-SHARE REDUCTION (CSR) PLANS

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through the exchange. If you have questions, call your Anthem representative.

Pathway Essentials network HMO plans are available in Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Decatur, Dekalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, LaPorte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Rush, Scott, Shelby, Spencer, Steuben, St. Joseph, Starke, Sullivan, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, and Whitley counties.

Pathway Essentials network POS plans are only available in LaPorte, Lake and Porter counties.

Plan name	Anthem Silver Pathway Essentials 7200 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9C95)		
	Anthem Silver Pathway Essentials 7200 S04 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9Q2G)	Anthem Silver Pathway Essentials 7200 S05 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9C9C)	Anthem Silver Pathway Essentials 7200 S06 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9Q26)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes non-network coverage?	No	No	No
Individual deductible	\$3,600	\$450	\$50
Individual out-of-pocket limit	\$7,550	\$2,600	\$750
Coinsurance (may vary for certain covered services)	40%	40%	40%
Preventive care¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$20 copay	\$5 copay	\$5 copay
Primary and urgent care visits: Virtual care-only providers⁴	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	\$65 copay	\$50 copay	\$50 copay
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$75 copay	\$75 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 40% coinsurance	Deductible, then \$350 copay and 40% coinsurance	Deductible, then \$250 copay and 40% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Hospital: outpatient surgery/hospital facility (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Pharmacy deductible^{2,3} (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$10 copay / \$25 copay	\$10 copay / \$25 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$55 copay	\$40 copay / \$55 copay	\$35 copay / \$50 copay
Retail pharmacy tier 3: Level 1 / Level 2	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 55% coinsurance	40% coinsurance / 55% coinsurance	40% coinsurance / 55% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Speech therapy (limits apply)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 16.

SILVER COST-SHARE REDUCTION (CSR) PLANS

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through the exchange. If you have questions, call your Anthem representative.

Pathway Essentials network HMO plans are available in Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Decatur, Dekalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, LaPorte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Rush, Scott, Shelby, Spencer, Steuben, St. Joseph, Starke, Sullivan, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, and Whitley counties.

Pathway Essentials network POS plans are only available in LaPorte, Lake and Porter counties.

Plan name	Anthem Silver Pathway Essentials 5900 Standard (9C7T)		
	Anthem Silver Pathway Essentials 5900 Standard S04 (9C87)	Anthem Silver Pathway Essentials 5900 Standard S05 (9Q1L)	Anthem Silver Pathway Essentials 5900 Standard S06 (9C8L)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes non-network coverage?	No	No	No
Individual deductible	\$5,700	\$700	\$0
Individual out-of-pocket limit	\$7,200	\$3,000	\$1,800
Coinsurance (may vary for certain covered services)	40%	30%	25%
Preventive care¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$40 copay	\$20 copay	Covered in full
Primary and urgent care visits: Virtual care-only providers²	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	\$80 copay	\$40 copay	\$10 copay
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$60 copay	\$30 copay	\$5 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Hospital: outpatient surgery/hospital facility (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Pharmacy deductible^{2,3} (for tiers with deductible, cost share applies after deductible)	Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	\$20 copay	\$10 copay	\$0 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay	\$20 copay	\$15 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay	\$60 copay	\$50 copay
Retail pharmacy tier 4: Level 1 / Level 2	\$350 copay	\$250 copay	\$150 copay
Physical and occupational therapy (limits apply)	\$40 copay	\$20 copay	Covered in full
Speech therapy (limits apply)	\$40 copay	\$20 copay	Covered in full
Office visit: chiropractic (limits apply)	\$40 copay	\$20 copay	Covered in full

Please see Medical and Silver cost-share reduction plans footnotes on page 16.

SILVER COST-SHARE REDUCTION (CSR) PLANS

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through the exchange. If you have questions, call your Anthem representative.

Pathway Essentials network HMO plans are available in Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Decatur, Dekalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, LaPorte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Rush, Scott, Shelby, Spencer, Steuben, St. Joseph, Starke, Sullivan, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, and Whitley counties.

Pathway Essentials network POS plans are only available in LaPorte, Lake and Porter counties.

Plan name	Anthem Silver Pathway Essentials 5000 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9C89)		
	Anthem Silver Pathway Essentials 5000 S04 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9C8B)	Anthem Silver Pathway Essentials 5000 S05 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9Q1H)	Anthem Silver Pathway Essentials 5000 S06 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9C7R)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes non-network coverage?	No	No	No
Individual deductible	\$3,450	\$1,300	\$250
Individual out-of-pocket limit	\$6,800	\$1,800	\$650
Coinsurance (may vary for certain covered services)	25%	25%	25%
Preventive care¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$25 copay	\$25 copay	\$10 copay
Primary and urgent care visits: Virtual care-only providers⁴	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 40% coinsurance	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$150 copay and 40% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$75 copay	\$75 copay	\$75 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$350 copay and 25% coinsurance	Deductible, then \$250 copay and 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 40% coinsurance	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$150 copay and 40% coinsurance
Hospital: outpatient surgery/hospital facility (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible^{2,3} (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$10 copay / \$25 copay	\$10 copay / \$25 copay	\$10 copay / \$25 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$30 copay / \$45 copay	\$30 copay / \$45 copay	\$30 copay / \$45 copay
Retail pharmacy tier 3: Level 1 / Level 2	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 55% coinsurance	40% coinsurance / 55% coinsurance	40% coinsurance / 55% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Speech therapy (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 16.

SILVER COST-SHARE REDUCTION (CSR) PLANS

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through the exchange. If you have questions, call your Anthem representative.

Pathway Essentials network HMO plans are available in Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Decatur, Dekalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, LaPorte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Rush, Scott, Shelby, Spencer, Steuben, St. Joseph, Starke, Sullivan, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, and Whitley counties.

Pathway Essentials network POS plans are only available in LaPorte, Lake and Porter counties.

Plan name	Anthem Silver Pathway Essentials 4000 HSA (9Q1K)		
	Anthem Silver Pathway Essentials 4000 S04 (9Q27)	Anthem Silver Pathway Essentials 4000 S05 (9C8D)	Anthem Silver Pathway Essentials 4000 S06 (9C8K)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes non-network coverage?	No	No	No
Individual deductible	\$2,950	\$750	\$200
Individual out-of-pocket limit	\$5,600	\$2,050	\$700
Coinsurance (may vary for certain covered services)	15%	15%	15%
Preventive care¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Primary and urgent care visits: Virtual care-only providers²	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$250 copay and 50% coinsurance	Deductible, then \$200 copay and 50% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$300 copay and 15% coinsurance	Deductible, then \$250 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay per admission and 50% coinsurance	Deductible, then \$250 copay per admission and 50% coinsurance	Deductible, then \$150 copay per admission and 50% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Pharmacy deductible^{2,3} (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$10 copay / \$25 copay	\$10 copay / \$25 copay	\$10 copay / \$25 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$55 copay	\$40 copay / \$55 copay	\$40 copay / \$55 copay
Retail pharmacy tier 3: Level 1 / Level 2	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 55% coinsurance	40% coinsurance / 55% coinsurance	40% coinsurance / 55% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Speech therapy (limits apply)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 16.

SILVER COST-SHARE REDUCTION (CSR) PLANS

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through the exchange. If you have questions, call your Anthem representative.

Pathway Essentials network HMO plans are available in Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Decatur, Dekalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, LaPorte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Rush, Scott, Shelby, Spencer, Steuben, St. Joseph, Starke, Sullivan, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, and Whitley counties.

Pathway Essentials network POS plans are only available in LaPorte, Lake and Porter counties.

Plan name	Anthem Silver Pathway Essentials 3000 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9Q1P)		
	Anthem Silver Pathway Essentials 3000 S04 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9Q2C)	Anthem Silver Pathway Essentials 3000 S05 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9C99)	Anthem Silver Pathway Essentials 3000 S06 (\$0 Virtual PCP + \$0 Virtual Chat + \$0 Select Drugs) (9Q1X)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes non-network coverage?	No	No	No
Individual deductible	\$2,800	\$900	\$200
Individual out-of-pocket limit	\$7,550	\$2,000	\$600
Coinsurance (may vary for certain covered services)	20%	20%	20%
Preventive care¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$30 copay	\$15 copay	\$10 copay
Primary and urgent care visits: Virtual care-only providers⁴	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$25 copay and 20% coinsurance
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$300 copay and 20% coinsurance	Deductible, then \$300 copay and 20% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$250 copay and 20% coinsurance	Deductible, then \$150 copay and 20% coinsurance
Hospital: outpatient surgery/hospital facility (includes maternity, mental health / substance use)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible^{2,3} (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$15 copay / \$25 copay	\$10 copay / \$25 copay	\$10 copay / \$25 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$50 copay / \$65 copay	\$30 copay / \$45 copay	\$30 copay / \$45 copay
Retail pharmacy tier 3: Level 1 / Level 2	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 55% coinsurance	40% coinsurance / 55% coinsurance	40% coinsurance / 55% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Speech therapy (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 16.

Medical and Silver cost-share reduction plans footnotes

- 1 Nationally recommended **preventive care services** from network providers have no copay, no coinsurance, and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, and mammograms, as recommended by the United States Preventive Services Task Force.
- 2 With plans that have a **pharmacy deductible**, the pharmacy deductible is separate from the medical deductible. The family deductible is two (2) times the individual amount.
- 3 **Home-delivery pharmacy** cost shares are three (3) times the retail copay for Tier 1 and Tier 2 drugs when the plan has retail pharmacy copays.
- 4 Cost share may apply to virtual visits for specialists and behavioral health services from the virtual care-only providers available through Sydney Health and our website.



Terms you need to know

Coinsurance: Your percentage of healthcare costs after your deductible has been paid.

Copay: The set dollar amount you pay for covered services, such as doctor visits.

Deductible: The set dollar amount you are responsible for before your plan pays for healthcare services. Deductibles apply to the calendar year (January 1 - December 31), even if your coverage start date is after January 1.

Drug tiers: Drugs on a drug list/formulary are typically arranged in tiers. Your drug's cost depends on its tier.

In-network coverage: In-network coverage means visiting a participating doctor, hospital, or another provider who accepts a negotiated amount from your health insurance plan.

Network: A network is made up of doctors, hospitals, pharmacies, and other providers offering medical care at negotiated rates to health plan members.

Out-of-network coverage: Out-of-network coverage means visiting a doctor, hospital, or another provider who does not accept your health insurance plan. Members will be responsible for all of the costs with some exceptions such as emergency services, preapproved services, urgent care, and more.

Out-of-pocket maximum: This is the maximum amount you will pay out-of-pocket for covered health services. After reaching your yearly maximum, your health plan covers the rest.

Plan name: The plan name and contract code are found on the first row of the medical plan charts, in parentheses after the plan name: "(WXYZ)."

Premium: This is the amount of money you pay monthly to your insurance company to keep your health plan active. You cannot apply what you pay for your premium toward your deductible.

Preventive care: These are medical services, like checkups, screenings, and vaccines, that can help you avoid illness and catch problems early. Preventive care is covered at \$0 when you visit a provider in your plan's network.

Important legal information

Before choosing a health benefit plan, please review the following information along with the other materials enclosed.

Eligibility

You can apply for coverage for yourself or with your family. You must be a United States citizen or a lawfully present non-citizen and a legal resident of the State of Indiana and not entitled to or enrolled in Medicare Parts A/B, C and/or D. Family health coverage includes you, your spouse or domestic partner and any dependent children. Children are covered to the end of the month in which they turn age 26.

Eligibility for a catastrophic plan

You are eligible for this plan if you:

- are also under age 30 before the plan's effective date; or
- have received certification from the exchange that you are exempt from the individual mandate because you qualify for a hardship exemption or do not have an affordable coverage option

Open enrollment

As established by the rules of the exchange, individuals are only permitted to enroll in a Qualified Health Plan (QHP), or as an enrollee to change QHPs, during the annual open enrollment period or a special enrollment period.

American Indians are authorized to move from one QHP to another QHP once per month.

Special enrollment and changes affecting eligibility

In addition to open enrollment, an individual can enroll during the special enrollment period. This is a period of time in which eligible individuals or their dependents can enroll after the open enrollment, typically due to an event such as marriage, birth, adoption, or other qualifying events as defined by law.

Depending on the event which triggered the special enrollment period, coverage may be effective as of the date of the qualifying event.

Effective date of coverage

The earliest effective date for the annual open enrollment period is the first day of the following benefit period for a Qualified Individual who has made a QHP selection during the annual open enrollment period. Except where noted otherwise, the applicant's effective date is determined by the exchange based on the receipt of the completed enrollment form.

Grievances and appeals process

You can learn more about our grievance and appeals process at the Indiana Department of Insurance website: <http://www.in.gov/idoi/3008.htm>.

Managing your care if you need to go to a hospital or get certain medical treatment

If you or a family member need certain types of medical care (for example: surgery, treatment in a doctor's office, physical therapy, etc.), you may want to know more about these programs and terms. They may help you better understand your benefits and how your health plan manages these types of care.

Utilization review

Utilization review (UR) is a program that is part of your health plan. It lets us make sure you are getting the right care at the right time. Our utilization review team, made up of licensed health care professionals such as nurses and doctors, does medical reviews. The team goes over the information your doctor has sent us to see if the requested surgery, treatment or other type of care is medically necessary. The utilization review team checks to make sure the treatment meets certain clinical guidelines set by your health plan. After reviewing the records and information, the team will approve (cover) or deny (not cover) the treatment. The utilization review team will let you and your doctor know as soon as possible. Decisions not to approve are put in writing. The written notice will include information on how to appeal the decision and about your rights to an independent medical review.

Reviewing where services are provided

A service must be medically necessary to be a covered service. The utilization review may include a review of the level of care, type of setting or place of service where services can be safely given to you. If services are given in a higher level of care or cost setting when they could be safely given in a lower level place of care or cost setting, they will not be determined to be medically necessary.

Important legal information

The service(s), in that case, are being denied based on the review of where they are provided. When this happens the service(s) can be requested again in another setting or place of care and will be reviewed again for medical necessity. At times, a different type of provider or facility may need to be used in order for the service to be considered medically necessary.

Examples include, but are not limited to:

- A service may be denied on an inpatient basis at a hospital but may be approved if provided on an outpatient basis in a hospital setting.
- A service may be denied on an outpatient basis if taking place in a hospital setting but may be approved at a free-standing imaging center, infusion center, ambulatory surgical center/facility, or in a doctor's office.
- A service may be denied at a skilled nursing facility but may be approved in a home setting.

We can do medical reviews like this before, during and after a member's treatment. Here is an explanation of each type of review:

The pre-service review (done before you get medical care)

We may do a pre-service review before a member goes to the hospital or has other types of services or treatment.

The concurrent review (done during medical care and recovery)

We do a concurrent review when you are in the hospital or are released and need more care related to the hospital stay. This could mean services or treatment, such as physical therapy or durable medical equipment. The utilization review team looks at the member's medical information at the time of the review to see if the treatment is medically necessary.

The post-service review (done after you get medical care)

We do a post-service review when you have already had surgery or another type of medical care. When the utilization review team learns about the treatment, they look at the medical information the doctor or provider had about you at the time the medical care was given. The team then can see if the treatment was medically necessary.

Case management

Case management is conducted by a licensed health care professional who works with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

Precertification

Precertification is the process of getting approval from your health plan before you get services. This process lets you know if we will cover a service, supply, therapy or drug. We approve services that meet our standards for needed and appropriate treatment. The guidelines we use to approve treatment are based on standards of care in medical policies, clinical guidelines and the terms of your plan. As these may change, we review our precertification guidelines regularly. Precertification is a type of pre-service review.

Here is how requesting precertification can help you:

Saving time. Preauthorizing services is a process of verifying, in advance, whether a proposed treatment, service or supply is medically necessary and/or medically appropriate. The doctors in our network ask for prior authorization for our members.

Saving money. Paying only for medically necessary services helps everyone save. Choosing a doctor who is in our network can help you get the most for your health care dollar.

What can you do? Choose a network doctor. Talk to your doctor about your conditions and treatment options. Ask your doctor which covered services need prior authorization or call us to ask. The doctor's office will ask for prior authorization for you. Plus, costs are usually lower with a network doctor. If you choose a non-network provider, be sure to call us to get prior authorization. Non-network providers may not do that for you. It is important to understand that not all plans offer non-network coverage, with the exception of emergency or urgent care or ambulance services related to an emergency for transportation to a hospital or urgent care services received at an urgent care center. Please review the Contract in order to determine your benefits. Once you are a member, if you have a question about prior authorization, you can call the Member Service number on the back of your ID card.

Network providers

Network providers are the key to providing and coordinating your health care services. Benefits are provided when you obtain covered services from providers located in the state of Indiana; however, the broadest benefits are provided for services obtained from a primary care doctor (PCP), specialty care doctor (SCP), or other network providers.

Important legal information

Services you obtain from any provider other than a PCP, SCP or another network provider are considered a non-network service, except for emergency care or urgent care, or as an authorized service if you purchase one of our HMO plans.

Non-network providers

For POS plans, if there is no network provider who is qualified to perform the treatment you require, contact us prior to receiving the service or treatment, and we may approve a non-network provider for that service as an authorized service.

When you do not use a network provider, covered services are covered at the non-network level, unless your care involves emergency care, ambulance services related to an emergency for transportation to a hospital, or urgent care services received at an urgent care center.

For services from a non-network provider:

- In addition to any deductible and/or coinsurance/copayments, the non-network provider can charge you the difference between their bill and the plan's maximum allowed amount;
- You may have higher cost sharing amounts (i.e., deductibles, coinsurance, and/or copayments);
- You will have to pay for services that are not medically necessary;
- You will have to pay for non-covered services;
- You may have to file claims; and
- You must make sure any necessary precertification is done.

We will not deny or restrict covered services just because you get treatment from a non-network provider; however, you may have to pay more.

HMO covered services which are not obtained from a PCP, SCP or another network provider or that are not an authorized service will be considered a non-network service and not covered under your Contract. The only exceptions are emergency care, ambulance services related to an emergency for transportation to a hospital or urgent care services received at an urgent care center. In addition, certain services are not covered unless obtained from a network provider. See your Schedule of Cost Shares and Benefits.

For services rendered by a non-network provider, you are responsible for:

- Filing claims;
- Higher cost-sharing amounts;
- Non-covered services;
- Services that are not medically necessary;
- The difference between the actual charge and the maximum allowed amount, plus any deductible and/or copayments/coinsurance.

Anthem has processes to review claims before and after payment to detect fraud, waste, abuse and other inappropriate activity. Members seeking services from non-participating or non-network providers could be balanced billed by the non-participating or non-network provider for those services that are determined to be not payable as a result of these review processes. A claim may also be determined to be not payable due to a provider's failure to submit medical records with the claims that are under review in these processes.

Laws and rights that protect you

As a member, you have rights and responsibilities. You have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. You also have certain rights and responsibilities when receiving your health care. For more information, visit our website or contact Member Services by calling the number on the back of your ID card.

Health Savings Accounts

A high-deductible health plan is not a health savings account (HSA). An HSA is a separate arrangement between an individual and a qualified financial institution. To take advantage of tax benefits, an HSA needs to be established. This brochure provides general information only and is not intended to be a substitute for the advice of a qualified tax professional.

Important legal information

It is important we treat you fairly

That is why we follow federal civil rights laws in our health programs and activities. We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language is not English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Find help in your language

If you're curious to know what all this says, here is the English version:

If you need assistance to understand this document in an alternate language, you may request it at no additional cost by calling the Member Services number (1-855-886-6152). (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services telephone number listed above.

Spanish

Si necesita ayuda para entender este documento en otro idioma, puede solicitarla sin costo adicional llamando al número de Servicios para Miembros (1-855-886-6152). (TTY/TDD: 711)

Arabic

إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، فيمكنك طلب المساعدة دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء. (1-855-886-6152) (TTY/TDD: 711)

Burmese

ဤစာရွက်စာတမ်းကို နားလည်သဘောပေါက်ရန် အခြားဘာသာစကား တစ်မျိုးမျိုးဖြင့် သင်လိုအပ်ပါက အခကြေးငွေ ထပ်မံပေးအပ်စရာ မလိုပဲ အဖွဲ့ဝင်အတွက် ဝန်ဆောင်မှုများ ဌာန ဖုန်းနံပါတ် (1-855-886-6152) သို့ ခေါ်ဆိုကာ တောင်းခံနိုင်ပါသည်။ (TTY/TDD: 711)

Chinese

如果您需要協助以便以另一種語言理解本文件，您可以撥打成員服務號碼(1-855-886-6152)請求免費協助。(TTY/TDD: 711)

Dutch

Als u hulp nodig heeft om dit document te begrijpen in een andere taal, mag u daar zonder aanvullende kosten om vragen door te bellen met het ledenservicenummer (1-855-886-6152). (TTY/TDD: 711)

French

Si vous avez besoin d'aide pour comprendre ce document dans une autre langue, vous pouvez en faire la demande gratuitement en appelant les Services destinés aux membres au numéro suivant : 1-855-886-6152. (TTY/TDD: 711)

German

Falls Sie Hilfe in einer anderen Sprache benötigen, um dieses Dokument zu verstehen, können Sie diese kostenlos anfordern, indem Sie die Servicenummer für Mitglieder anrufen (1-855-886-6152). (TTY/TDD: 711)

Hindi

अगर आपको यह दस्तावेज़ वैकल्पिक भाषा में समझने के लिए सहायता की ज़रूरत है, तो आप सदस्य सेवाएँ नंबर (1-855-886-6152) पर कॉल करके अतिरिक्त लागत के बिना इसके लिए अनुरोध कर सकते हैं। (TTY/TDD: 711)

Japanese

この書面を他の言語で理解するための支援が必要な場合には、メンバーサービス番号 (1-855-886-6152) に電話して支援を求めることができます。追加費用はかかりません。(TTY/TDD: 711)

Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(1-855-886-6152)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

Pennsylvania Dutch

Wann du Hilfe brauchsch um selle Document zu verschtehe in en annere Schprooch, du kannsch fer sell frooge um nix zu bezaahle. Ruff Member Services Nummer (1-855-886-6152) aa. (TTY/TDD: 711)

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਕਿਸੇ ਬਦਲਵੀਂ ਭਾਸ਼ਾ ਵਿੱਚ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਸਮਝਣ ਲਈ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ (1-855-886-6152) ਤੇ ਕਾਲ ਕਰਕੇ ਕਿਸੇ ਵਾਧੂ ਲਾਗਤ ਦੇ ਬਿਨਾਂ ਇਸ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। (TTY/TDD: 711)

Find help in your language

Russian

Если вам нужна помощь, чтобы понять содержание настоящего документа на другом языке, вы можете бесплатно запросить ее, позвонив в отдел обслуживания участников (1-855-886-6152). (TTY/TDD: 711)

Tagalog

Kung kailangan ninyo ng tulong upang maunawaan ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdagang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (1-855-886-6152). (TTY/TDD: 711)

Vietnamese

Nếu quý vị cần hỗ trợ để hiểu được tài liệu này bằng một ngôn ngữ thay thế, quý vị có thể yêu cầu mà không tốn thêm chi phí bằng cách gọi số của Dịch Vụ Thành Viên (1-855-886-6152). (TTY/TDD: 711)

Open enrollment
period runs
**November 1,
2023 - January
15, 2024**

Reimagining what's possible for every moment of care

We know finding a plan that works for you and your loved ones is a big decision. With Anthem, you're never alone for the important choices.

Get started today

- Call us at **888-811-2101**, 8:00 a.m. to 8:00 p.m. ET, or contact your broker.
- Visit **anthem.com**, select **Insurance Plans**, and choose **Individual and Family Plans**. Then, Shop Plans to apply online.
- Find plans on the Marketplace at **healthcare.gov**.

▶ **Let us connect you to the right individual and family coverage.**



Qualifying life events

If you experience a major life event, you may need to make plan changes outside the sign-up period. To see if your life event qualifies for a plan change, call us at **888-811-2101** or contact your broker.

You can buy health plans once a year during open enrollment. Healthcare plans can also be purchased as a result of a special enrollment period. For 2024, the open enrollment period runs from **November 1, 2023 - January 15, 2024**. **Dates may change and vary by state.**

When you enroll in one of our plans, you will have access to your *Contract*, which explains the terms and conditions of coverage, including exclusions and limitations. You will have 10 days to examine your *Contract's* features. If you are not fully satisfied during that time, you may cancel your coverage and your monthly payment will be refunded, minus any claims that were already paid.

Printed kits are available from your broker on request.

Virtual care visits, including medical chats and video visits using the Sydney Health app are at no cost to members for most plans. Those enrolled in High-Deductible Health Plans associated with a Health Savings Account and Catastrophic plans must first meet their deductible. Virtual care visits refer to medical chats and/or video consultation, as deemed appropriate by a licensed physician. In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

SydneySM Health is offered through an arrangement with Cerebon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

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